	P A P		1/ 9.0			Z HOVITO	fing Mo	(F) OF COA	at Log	4. 0	ita (ntry
	CPA 10: 1 1 1 A 1 E									1	w 1:1
	mous wes Ex									į ų	ste
3.	1001151: 34+h	Str	cot d	AU.	R.R.			 -		Alle	gheny
5 .	DATE OF INITIAL EVA	REPORTE	シルZS Man 18	EY	EXCY RESPON ALUATIONS t code in t			f • 574 f • 54 f • Cor			rector/\$tete
6.	TYPE OF EVALUATION BY THIS REPORT: Select Evaluation 1	Type and I		,	3.	Surpling Record R	Inspecti evi o u	en	11 = 0	compliance	Sched. Eval
	DATE OF EVALUATION Evel. Comments:			(enter	only if di	ITTOTONE	from 3)1				-
8.	CLASS and VIOLATION		. Class of			Ylolat					
	<u>Key.</u> rwylolations, no Spe		Yloletico.	G.M	C/PG !	inter 1	للط	224'784	<u>Geoffestive</u>	كاملنه	\circ
	reviolations & Speci										
_	refuse Wiel./Special		! !		!!!	!	!		!!!	!	\times !
-	referding determinations of the state of the		<u> </u>	· • • • • • • • • • • • • • • • • • • •	LL	Accept	able Code	4			
- 0		,	1	X	x	1	1	X	X J	x	X
	<u>Specialties</u>		!!	•				8	*	8	8
-	t a so-insurance onl		!!	2	1 2 1	3	2 1	2	\$	2	2
'6	r - CA Schedule Yiol r - 1997	:		i		10		6			
_			i i		i i	r	i		i	i	i
•	• Class I only	•	<u> 1</u>			4_4					
ı.	Yiel, Comment: 3	Enacci	crate H	wa	etermin	atie	n: H	U jani	table s	cluent	- treate
	VIV. 624. 2	nitha	it per	mit			-)				
♥.	ENFORCEMENT ACTIONS	}									
		- •	Date Action	•	capitance \$		1	Penelty	•	HP.4.	
	Cime lylel/rel. K		•				 11411		dlected its	_	
	II OT	03	11/2/88	11/2	0/88		<u> </u>	i_		5	
	!!!		!	!	!		!	ļ	ļ	į	
	Codes for 03 = Va Types of 04 = Ad Enforcement 05 = FI Actions: 10 = In	tein. Corp Inel Adein Informal	leint 12 = . Order 18 = 19 =	filed C Civil R finel J	riminal Act eferral to udicial Ord	tion 1 AG/DOJ 2 Ser 2	6 = CA FI 1 = Notic 2 = FICA	inel Admi se of Ion	n Order -comp.		
10.	Enforc. Comment: /	•	ice in m	1-10-	JUN1	$\alpha \mathcal{D}_{0}$	areme	m p	rogram		



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD074999863

10/25/94

EXXON CO USA 100 35TH ST

PITTSBURGH PA 152011995

JEFFREY DILLE PLANT ENGINEER

INSTALLATION ADDRESS

100 35TH ST

PITTSBURGH PA :152011995

EPA Form 8700-12A (6-90)

Form Approved OMB No. 2050-0028. expires 6-31-93

for contribution	FIIII mple orma ulred the F	ng N ting tion d by lesot	this requ	s insti cation form ested Secti Cons t).	bet here	ore The le	3	9,	E					R	∍g	ula A	ate ct	ed Ivi	W	as as	ste			(Fo	or O	fficia	KD 86	Series Series	ly)
1.1	nati	illeti	ou,1	EP/	\ ID	Nun	uper	(Ma	rk 'X		¥ 44) .	10	U 11-U	100									, i	
	7	A. F	ret l	Notif	içati	on	У		. Sut					ttor	ı		* -	P A	ΙD		_		- 1	EPA 9 9		9	/O 8 6	M	7,
11,	Narr	10 0) Ins	tella	tion	(Inc	lude					***********************		te n	ame,	>	©L-						<u>.</u>	_1_				1	1,4000
······································	Х	Х	*****	N	*******	С	0	T	Р	Α	N	Y	,		υ.	s.	A.												
_	_		_	_	elle						s no	P.C). B(X O	Rou		lumi	per)											
	eet			T	ı	r	T			T	1	7		T _	T_	T .				olej Tu	Γ	_	I.	ं. ⊹ T	Ι.,	T.	Т.	1 37	\
	Ι	T	Τ	S	В	U	R	G	H		M	A	N	U	F	A	С	Т	U	R	Ι	N	G		P	L	A	N	T
1	0	(CO)	rtinı	3	5	t	h	Π	s	Т	R	Е	Е	Т	T					Ī		120000			Ī	l		Π	T
	y or		473	_ ر	_را	٢	11	<u> </u>	<u> </u>	1 -	111		L =	<u> </u>	1	1		Sta	ie	ZIP	Coc	i	1		I	J	1		.:.377
Р	I	Т	Т	s	В	U	R	G	Н		Γ				Π			Р	A	1	5	2	0	1	Τ.	1	9	9	5
		*****		ount							L		1	I	1	1		L	1-						1	1	1		
0	()	3	A	L	L		G	Н	Е	N	Y			Π	Π								Π		Ī				
īV.	Ins	lelle	tion	Mali	ing	Add	7025	(Se	<u> </u>		tion)	•																
Str	eet	or F	.0.	Box																									
11	S	Α	М	E	11																								
CH	y or	Tov	VI)															Sta	te	ZIP	Coc	ie							,
																		L							-				
٧.	Inst	allat	on I	Cont	act	Per	eon :	to b) CO	ntec	ted	rega	rdin	g we	ste	ectiv	tijes	at s	ite)										
Na	me	last	1	,					ī	ı	,	1	,		(fir	rt)			1	· · · ·				1	,	,			
D	I	L	L	E	******										J	Е	F	F	R	Е	Y	233						L	<u></u>
Joi	b TH	ie					r	,	r	r —	1	r	r	r	Pi	one	Nur	nbe	r (are	88 CO	de si	nd n	umbe	er)	1	T	1		
P	L	Α	N	Т	********	Е	N	G	I	N	Е	E	R		4	1	2	-	6	2	2	-	6	1	0	0			₹°:
								(Se			:tlor	s)	>	*********	C	00000000	8.138.3	3335000	200000-			1005000	3333	2000					
-	-44:		AaHir) G	8.3	itree	IT OF	P.O	, Bo	X	<u> </u>	Ι	Γ	_	Г			Γ	***** 				W.	<u> </u>	I	ı	T T		
*** !	K														1							. 38		-333	<u>l</u>	<u> </u>			
CH	or	Tow	n							_	<u> </u>	Γ	- 12 	Γ	I			Sta	te	ZIP	Cod	18			Γ_	T	Γ		Т
VII	O ₁	mer	eblo	150	a ins	truc	tion																						
							3073	Own			A 73		ÿ. k						:				á.						
E	Х	X	0	N		C	0		P	Α	N	Y	,	×.	U.		Α												
				إ			Num	لسسا	لــا			ئا	,	<u> </u>		ت	ت		L	لــــا				لــــــا :	للا		L	.	
8	0	ol		В	Е	L			s	Т	R	F	Е	Т		7	_				i		_	Ï					
باسيب	y or		wn i	<u> </u>	1			الل	<u> </u>	ات.		لت		_ <u>-</u>	لـــا		\dashv	Sta	te	71P	Cod								L
н		U	s	Т	0	N												Т	Х	7		0	0	2	-	7	4	2	6
	<u> </u>	<u> </u>	٠	لث			, anaz	<u> </u>			<u></u>	В.	and	Typ	IC.	Own	er T			heng		_			(Date	<u> </u>	inged		-

- 3 6

6

5

No X

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. A. Hazardous Waste Activity	Refer to instructions.) B. Used Oli Fuel Activities
Generator (See Instructions) A. Greeter than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 – 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) c. Less than 100 kg/mo (220 lbs.) c. Less than 100 kg/mo (220 lbs.) c. For own wasts only d. For commercial purposes Mode of Transportation d. Air	1. Off-Specification Used Oil Fue Sons. 1. Off-Specification Used Oil Fue Sons. 2. Burner
X D 00 8 D	ding to the characteristics of nonlisted hazardous surviveris) for the Todotty characteristic confaminants); 0 0 7 D 0 0 4 D 0 3
Column C	U I 4 4 11
Other Wastes. (State or other wastes requiring a handler to have an I.D. number. So	5 5 5
Certification certify under penalty of law that this document and all attachments were proceeded with a system designed to assure that qualified personnel pubmitted. Based on my inquiry of the person or persons who manage the system in the information, the information submitted is, to the best of mompiete. I am aware that there are significant penalties for submitting false in apprisonment for knowing violations.	properly gather and evaluate the information stem, or those persons directly responsible from my knowledge and belief, true, accurate, and

EXON COMPANY, U.S.A.

34™ AND A.V.R.R. • PITTSBURGH, PENNSYLVANIA 15201-1995

MARKETING DEPARTMENT PITTSBURGH PLANT

MAR 0 9 1994

March P. A REGION

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

U.S. EPA Region III RCRA Programs Branch Pennsylvania Section (3 HW51) 841 Chestnut Building Philadelphia, PA 19107

Reference: EPA Form 8700-12 - Subsequent Notification

Enclosed is an updated EPA Form 8700-12 (Notification Of Regulated Waste Activity) for the Exxon Company, U.S.A. Pittsburgh Manufacturing Plant. Our EPA ID Number is PAD-074-999-863.

Sincerely,

Jeffrey A. Dille Plant Engineer

Attachments

DW4V2: HAZWASTE.doc

c: Mr. R. Ramirez Mr. R. P. Thacker - w/o Attachment Central Files



Pie

Panarylvania Department of Environmental Resources Burees of Waste Management

Hazardous Waste Inspection Report Generators — Part A

Date of inspection	3 DEC 93	Time start	10 _P Tir	ne finish $\frac{4.7}{}$	5 p
Name of inspector	B. CUNNINGHA	m			
Company, installation r	name EXXON	co., U.S.A.	PITTSBURGH F	LANT	
Location34	TH STREET AND	A.V.R.R.	PITTSBURG	4, PA 1520	1 - 1995
CountyALLE	GHENY	Munici	pality PITTS BU	IRGH	
Identification number	PAD0749	99863			
Name of responsible of	fficial ROBERT	THACKER (N PLACE OF JET	FREY DILLE)
Title	MANAGE	R - PITTSBURG	SH PLANT		
Mailing address	~AS ABOUL	· ~			
Area code and telepho					
Name of person intervi	ewed ROBERT TH	IACKER, ROGER	A. MITCHELL,	KURT REI	VMILLER
Title	PUNF MANA	4th ofthation	U DEPT. HEAD	project en	161NEER
Mailing address (if airr	erent from above)	~ AS ABOVE~			
Area code and telepho	ne number	~ AS ABOVE ~			
1. Current waste hand	dling method:				
a. 🗆 On-sit	te 🗆 treatment,	storage,	☐ disposal	☐ PBR	
b. 🗆 On-sit	e 🗆 use,	reuse,	recycle,	☐ reclaim	
c. 🗷 Off-si	te 🗆 treatment,	storage,	Ø disposal / /	V LIN ERATION	
d. 🔎 Off-si	te 🗆 use,	☐ reuse,	🗷 recycle,	☐ reclaim	
2. Amount of hazardo	us waste produced:	L R S,			
a		kg.h			
b>	26, 400		yr.		
3. Types of hazardous Waste Number	waste produced by l	lazardous Waste Num tination Facility	ber and destination fa	acility (include loc	
D001 F001	SAFETY KLEEN C	•	KAPOZ	33 4 8 10 8 N	EW CASNE, KY
F003 F005 b007, 0008					
DO06, D039	SAFETY KLEEN	CORP (TSB)	PA 0 98	2576258	W. MIFFLIN, PA
8000	SAFETY KLEEN	CORP (TSA)	0 dtn	02182897	LINDEN, NT

Hazardous Waste Inspection Report Generators — Part B

			1-	Na Vi	iolation Observed 2—Not Applicable 3—Not Determined	4-Non-Compliance
_		Sta	tus	4	REQUIREMENT	Chapter Citation
<u>'</u> X	1	4			Hazardous waste determination, copies available	\$ 262
<u>^</u> X	+-	+			Identification number	11
<u>^</u>	+	+		<u> </u>	Hazardous waste shipments offered only to licensed transporters	12 (a)(b)(c
<u>^</u> X	┿	+		-	Authorization received from TSD facility for wastes shipped off-site	12 (d)
-	+	_			PA manifest used for intrastate shipments	13
<u>X</u>	+	+			Disposer state manifest or EPA format manifest used for out-of-state shipments	20 (b)
<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	\perp			1 Advisor City of the control of the	20 (c) (d)
<u>X</u>		-			Manifests routed properly and within time limits (7 days)	20 (e) (g)
<u> </u>	-	_				23 (e) (f)
X	<u> </u>				Proper U.S. DOT shipping containers or packages	30 (1)
X	_	_	_		Shipping containers marked and labeled according to U.S. DOT	30 (2)
X					Containers of 110 gal. or less marked with required PA label	30 (3)
Χ_					Placards offered to transporter	33
X					Wastes accumulated on-site for less than 90 days	34 (a) (1)
χ					Wastes stored in proper containers and properly marked and labeled	34 (a) (2)
(Containers managed in accordance with 265.171 - 178	34 (a) (3)
X					Containers clearly marked with accumulation date and visible for inspection	34 (a) (4)
(Records retained at designated location for 20 years	40
(Quarterly reports submitted to the Department	41
		;	x		Exception reporting procedures followed	42, 55
					Hazardous waste disposal plan, if required	. 45
	X				Spill reporting procedures followed	46 (a)
					Preparedness, Prevention and Contingency Plan and implemented	46 (e)
	X				Special requirements followed for international shipments	50, 53
					On the job or classroom personnel training program [265.16]	34 (a) (5)
					Drum accumulation area inspected weekly as per [265.174]	34 (a) (3)
1		-	+	-		
Ī						

Date of Inspection 3 DEC 93	Identification Number	PAD074999863
Company, Installation Name EXXON CO., U.S.A.	PITTSBURG4 1	CANT
	Municipality	
In the "Requirement" Section of this inspe	ection report, each	listed inspection item
may provide only a brief version of its co	rrespondina obliga	tion as described
in the body of the regulations. Please us		
inspection report as a reference to obtain	a detailed descrip	tion of compliance
requirements.		
ON DECEMBER 3, 1993, I CONDUCT	TEO A ROUTING H	ALAROOUS WASTE
GENERATOR INSPECTION AT THE PRE	JIOUSLY REFERENCE	D FACILITY. DURING
THIS INSPECTION I MADE THE FOLLOW	WING OBSERVATIONS	
- THE FACILITY'S PRINCIPAL PRO	ODUCTS ARE GREA	SES AND DINER
SPECIALTY PRODUCTS BOTH OF WA	HICH ARE MANUF	ALTURED IN BATCH
OPERATIONS. HAZARDOUS WASTE	E 15 GENERATED 1	N TWO DISTINCT
ANEAS - SOLVENT WASTES FROM	M THE QA/QC LA	ABRATORY AND
PARTS WASHING, DEGREASING SOU	LUENTS FROM THE	MAINTENANCE
ANEA. EXXON HAS CONTRACTE	D SAFETY- KLEEN C	ORP. 70 MANAGE
THESE WASTE SOMEOMS.		
- AFTER A REVIEW OF THE OFF.SITE	E SHIPMENTS (MA	NIFESTS) I FOUND THAT
MANIFEST # PAC9170512	LACKED A QUANI	TRY DESCRIPTION.
EXXON SHOULD ENSURE THAT TH	E MANIFEST IS A	CLUPATELY AND COMPLETELY
FILLED OUT PRIOR TO TRANSPORT	ING THE HAZARDO	OUS WASTE OFF-SITE.
This inspection report is official notification that Resources, Bureau of Waste Management, insinspection are shown in this report. Any viola are indicated. Violations may also be discove analyses and review of Department records. Notions indicated herein and listing any additional	spected the above in stions which were un ered upon examinatio otification will be fortl	stallation. The findings of this covered during the inspection in of the results of laboratory
Person interviewed signature)COPY MAILES TO A	r. DILLE	Date
Inspector signatures Bradley W. C.	ufun.	Date 3 DEC 93

Date of Inspection 3 DEC 73	Identification Number
Company, Installation Name <u>EXXON</u> CO. U.S.A.	- PITTSBURGH PLANT
County ALLEGHENY	
In the "Requirement" Section of this inspect	
may provide only a brief version of its corr	esponding obligation as described
in the body of the regulations. Please use	
inspection report as a reference to obtain a	•
requirements.	
- THE FACILITY'S PPC PLAN IS CUI	
CHANGES IN FACILITY PERSONNEZ.	AS WELL AS THE DEPARTMENT'S
CURRENT PHONE NUMBER, SHOW	ULD BE REFLECTED IN THE
REVISED EDITION,	
- NO VIOLATIONS WERE OBSETIVED	DURING THIS INSPECTION.
•	
Resources, Bureau of Waste Management, inspection are shown in this report. Any violation are indicated. Violations may also be discovere	representative of the Department of Environmental ected the above installation. The findings of this ons which were uncovered during the inspection of upon examination of the results of laboratory fication will be forthcoming, confirming any violations.
Person interviewed signatures copy mailes To J	- DILLE Date
Inspector signatures Bradley W. Sun	Date 3 0EC 93

Pennsylvania Depurtment of Environmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

			1-No	violation Observed 2-Not Applicable 3-Not Determined 4-Non-Co	omplianc e
	Stat	tus		REQUIREMENT	Citation 40 CFR
1	2 3 4		4		Part 268
				Generators	
X				Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
X				Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
X				Dilution not used as a substitute for treatment.	3
Κ				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.	7(a)(5), (a)(6
				Storage Facilities	
				Facility verifies generators classification of waste in accordence with waste analysis plan.	25 Pa Code 265.13(c)
				Containers marked to identify contents and accumulation date.	50(a)(2)
				Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
				Facility maintains records of documents produced pursuant to LDR requirements.	7(a)(6)
				Treatment Facilities, including PBR and RRR Facilities	
				Dilution not used as a substitute for treatment.	3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.	7(b)
				Certification and/or notification sent with shipments of waste.	7(b)(4), (b)(5) (b)(6)
				Land Disposal Facilities	
				Facility tests wastes received to assure compliance with applicable treatment standards.	7(c)(2)
				Facility land disposes of restricted waste only if it meets applicable treatment standard.	40
				Facility retains copies of generator notifications and certifications.	7(c)(1)

696



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

SOUTHWEST REGION - FIELD OPERATIONS
WASTE MANAGEMENT
400 Waterfront Drive
Pittsburgh, Pennsylvania 15222-4745
(412) 442-4000 (answers 24 hrs.)

April 1, 1992

Exxon Company, USA 34th Street and A.V.R.R. Pittsburgh, PA 15201

Attention: Jeff Dille

Plant Engineer

RE: RCRA Inspection of 3/25/92

Exxon Company, USA

Pittsburgh Allegheny County PAD074999863

Dear Mr. Dille:

An inspection of the above referenced facility was conducted by a representative on March 25, 1992, pursuant to the Pennsylvania Solid Waste Management Act, the Act of July 7, 1980, P.L. 380, No. 97, 35 P.S. §6018.101 et seq., and the rules and regulations promulgated thereunder. No violations were noted during this inspection.

Enclosed, please find your copy of the inspection report. Please retain this copy within your records.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based, nor shall this letter be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

Sincerely,

Frederick W. Siekkinen Solid Waste Specialist

Waste Management

Southwest Region - Field Operations

FWS:jc

Enclosure

cc: Region

Central - Compliance & Monitoring

Chron

U.S. EPA (2)

Ponnsylvania Department of Environmental Resources Bureou of Waste Management

Hazardous Waste Inspection Report Generators — Part A

Date of inspection Time start Time finish
Name of inspector _ Fred Siekkinen
Company, installation name Exxon Company, USA
Location 34th street & AURIR 15201
County Allegheny Municipality Pittsburgh
Identification number PAD 074 999 863
Name of responsible official Gang Fuller Jeff Dille Jon Diffessis
Title Purchasing Gasion Plant Busineer
Mailing address 34th & AU.R.R. Phylic 13201 - 1995
Area code and telephone number
Name of person interviewed Gary Fuller, Fett Dille
Title
Mailing address (if different from above) Same
Area code and telephone number
1. Current waste handling method:
a. On-site treatment, storage, disposal PBR
b. On-site use, reuse, recycle, reclaim
c. 🗵 Off-site 🗆 treatment, 🗆 storage, 🖾 disposal Incinention
d. 🗷 Off-site 🗆 use, 🗎 reuse, 🗀 recycle, 🗀 reclaim
2. Amount of hazardous waste produced:
e. 1000 - 2000 # kg/mo. will vary
b kg.lyr.
3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).
Waste Number Destination Facility Location and Type
Door Do 39 went wiffler - for maneration
0004 Doos drem Waste - Model (to Stabilization, C.F.
P003 New Courte Sucrimention

Bureau of Waste Management

Hazardous Waste Inspection Report Generators — Part B

	1—Na	Violation Observed 2—Not Applicable 3—Not Detarmined 4—No	n-Complianc s
· Stat		REQUIREMENT	Chapter Citation
1 2	3	4 Ugrandaya waxaa daaa-siisa aasiisa ayailabla	§ 262
X		Hazardous waste determination, copies available 262.11 Te Rule	11.
		Identification number	12 (a)(b)(c
		Hazardous waste shipments offered only to licensed transporters	12 (d)
		Authorization received from TSD facility for wastes shipped off-site	13
X		PA manifest used for intrastate shipments	20 (b)
		Disposer state manifest or EPA format manifest used for out-of-state shipments	20 (c) (d)
		Manifests filled out properly and completely	20 (e) (g)
		Manifests routed properly and within time limits (7 days)	23 (e) (f)
		Proper U.S. DOT shipping containers or packages	30 (1)
		Shipping containers marked and labeled according to U.S. DOT	30 (2)
		Containers of 110 gal. or less marked with required PA label	30 (3)
		Placards offered to transporter	33
		Wastes accumulated on-site for less than 90 days	
		Wastes stored in proper containers and properly marked and labeled	34 (a) (1) 34 (a) (2)
1	\dashv	Containers managed in accordance with 265.171 - 178	34 (a) (3)
	\dashv	Containers clearly marked with accumulation date and visible for inspection	34 (a) (4)
		Records retained at designated location for 20 years	40
		Quarterly reports submitted to the Department	
X		Exception reporting procedures followed	41
		Hazardous waste disposal plan, if required	42, 55
		Spill reporting procedures followed	46 (a)
		Preparedness, Prevention and Contingency Plan and implemented	46 (e)
X		Special requirements followed for international shipments	50, 53
		On the job or classroom personnel training program [265.16]	34 (a) (5)
		Drum accumulation area inspected weekly as per [265.174]	34 (a) (3)
	+		

Penasylvania Department of Environmental Resources Burnes of Wasta Management

Hazardous Waste Inspection Report TSD Facilities — Storage (Containers)

			1-	Ne Violation Observed 2—Not Applicable 3—Not Determined 4—Non-Comp	lianca
	St	tus		REQUIREMENT	Chapter Citation
1	2	3	4	Sübchapter I.	§ .265
		•		Containers managed to prevent leaks and spills.	171, 173 (
	1			Containers are compatible with waste stored.	172
				Containers are closed during storage.	173 (a)
				Container storage area inspected weekly for leaks, deterioration, etc.	174
				Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.	176
				Satisfactory procedures followed for handling incompatible wastes.	177 (a)(b)
				Incompatible wastes separated or protected from other materials.	177 (c)
				Containers accumlation areas have containment system capable of collecting and holding spills, leaks, and precipitation.	i
			(Containment system has impervious base free of cracks.	178 (a) (1
			8	ifficient drainage provided from base to sump or collection system.	178 (a) (2
			- 1	Containment sufficient to contain volume of largest container or 10% of total volume of all containers, whichever is greater.	178 (a) (3
			R	un-on into containment system prevented.	178 (b)
				pilled or leaked waste and accumulated precipitation removed from sump or collection system with suffi- ient frequency to prevent overflow.	178 (c)
			ba	t closure, all hazardous wastes and hazardous waste residues removed. Remaining containers, liners, ases, and soil decontaminated or removed.	178 (d)
			in tie	door accumulation of reactive or ignitable waste with less than 20% solids meets height and configuration criteria (\leq 6 feet high, 8 ft x 8 ft., 5-foot surrounding aisle space).	178 (e) (1
				atdoor accumulation of reactive waste with less than 20% solids meets height and configuration criteria ≤ 9 feet high, 16 ft x 16 ft, 5-foot aisle surrounding group, 12 ft access way).	178 (e) (2)
			Mi	inimum setback of 40 feet maintained for outdoor container accumulation of ignitable or reactive wastes.	178 (e) (2)
				cumulation of nonreactive or nonignitable hazardous waste meets height and configuration criteria $) \le 9$ at high).	178 (e) (3)
			Co	ntainers labeled to accurately identify hazardous waste contained.	Act 97 Section 403 (b) (2)

Pennsylvania Department of Environmental Resources Bureau of Waste Management

Date of Inspection 3-25-92 Identification Number PAD 074 959 863
Company, Installation Name Exxon Lo. 215A
County Alleghony Municipality Tittshungh
- No worth stoud on site dury impedier.
· · · · · · · · · · · · · · · · · · ·
projects.
projects.
- taility is a manufacturing and distribution and for
greases and hibritating products.
2 7 7 7 1
- me reduct recovery system is on gote with future
- The reduct recovery system is on sote with intuition
one will be instituted.
This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this
inspection are shown in this report. Any violations which were uncovered during the inspection
are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any viola-
tions indicated herein and listing any additional violations.
Person Interviewed (signature) Della 3-25-92
D 110 1 C 0 C -
Inspector (signature) Date 3-25-92

Pennsylvania Depurtment of Environmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

			1-No Violation Observed 2-Not Applicable 3-Not Determined 4-Non-Cor						
Status				DECUIDENTAL					
1 2 3 4			4	REQUIREMENT					
				Generators					
Χ				Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)				
X				Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)				
X				Dilution not used as a substitute for treatment.	3				
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of know, edge for waste classification.					
•				Storage Facilities	,				
		Facility verifies generators classification of waste in accordence with waste analysis plan.							
				Containers marked to identify contents and accumulation date.					
				Notification sent with shipments of wastes that do not meet treatment standards.					
				Notification and certification sent with shipments of wastes meeting treatment standards.					
		Facility maintains records of documents produced pursuant to LDR requirements.							
				Treatment Facilities, including PBR and RRR Facilities					
				Dilution not used as a substitute for treatment.	3				
		Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.							
			Certification and/or notification sent with shipments of waste.						
		Land Disposal Facilities							
		Facility tests wastes received to assure compliance with applicable treatment standards.							
	Facility land disposes of restricted waste only if it meets applicable treatment standard.								
	Facility retains copies of generator notifications and certifications.								



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 07 499 9863

Exxon Company, U.S.A., Pittsburgh Plant

34th Street and A.V.R.R. Pittsburgh,

Robert Albright

34th Street and A.V.R.R. Pittsburgh,

15201

15201

INSTALLATION ADDRESS

EPA Form 8700-12B (4-80)





COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

BUREAU OF WASTE MANAGEMENT
Highland Building
121 South Highland Avenue
Pittsburgh, Pennsylvania 15206-3988
(412) 645-7100 (answers 24 hrs.)

November 2, 1988

NOTICE OF VIOLATION

CERTIFIED MAIL #979 042 191

Ms. Donna M. Couch, Plant Manager Exxon Company USA 34th Street and A.V.R.R. Pittsburgh, PA 15201 NON O B 1888

RE: October 11, 1988 Inspection Exxon Company USA City of Pittsburgh Allegheny County PAD074999863

Dear Ms. Couch:

This Notice of Violation is to confirm the findings of the Department's referenced inspection of your hazardous waste generator activities. Requirements for hazardous waste facilities are contained in Chapters 75.260 through 75.450 of the Rules and Regulations of the Department, and The Solid Waste Management Act of 1980 (35 P.S. §6018). Violations of applicable sections of these regulations and the Act found during the inspection are as follows:

- The facility failed to make an accurate hazardous waste determination for waste cleaning solvent, in violation of 25 Pa. Code §75.262(b)(1).
- 2. Hazardous waste ignitable solvent was being treated without a permit in the oily wastewater treatment plant, in violation of 35 P.S. \$\$6018.403(b)(9), 610(4), and 610(9).

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Towards this end, you are to submit to the Department by November 20, 1988, a proposed abatement program and schedule for these violations. If your proposed abatement program indicates certain corrections cannot be completed within these time periods, you are requested to supply justification for any extensions.

This Notice of Violation does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this Notice of Violation or the conditions upon which the Notice of Violation is based. This Notice of Violation shall not be construed so as to waive or impair any rights of the Department of Environmental Resources heretofore or hereafter existing.

This Notice of Violation shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this Notice of Violation, please feel free to contact me at my office.

Sincerely,

David Waldorf Solid Waste Specialist

DW/bc

cc: Central - Division of Compliance and Monitoring
EPA
Regional File
Chron File
David Waldorf

David Waldori Barb Gunter Kathy Watson

Pennsylvania Department of Environmental Resources Bureau of Wasta Management

GEN

Hazardous Waste Inspection Report Generators — Part A

Date of insp	pection <u>10//</u>	1188	Time start 1^2 .	70 1212 Tin	the finish 3.00%	47
Name of ins	//		Didort			
Company, in	nstallation name	Exxon	Co US	A		
Location	344 57	L and	AURR			
County	Allegher		Munici	pality <u>PHs</u> &	12 mg 6	
Identification	n number 🔑	BO 0749	99663			
			N. Cosel	`	· · · · · · · · · · · · · · · · · · ·	
Title	Jant 1	Manager.			· · · · · · · · · · · · · · · · · · ·	
Mailing add	ress 34th	St. and	AVRR F	Hsbugh &	P 15201	
Area code a	and telephone n	umber <u>(4/2)</u>	522-6007	/ 8		
Name of pe	rson interviewe	d - Sime-	/ Keith /	Mont comer	/ Elme Marz	ulf
Title	-Sume	-/ Che	mist	1.	Numberine Sym	mism
	ress <i>(if differen</i>	,	-50me	•	,	
•			- Sami			
1. Current	waste handling	method:				
a.	□ On-site	☐ treatment,	\square storage,	disposal	□ PBR	
b.	☐ On-site	use,	☐ reuse,	☐ recycle,	☐ reclaim	
C.	☐ Off-site	☐ treatment,	\square storage,	⊡ disposal		
d.	☐ Off-site	use,	☐ reuse,	☐ recycle,	☐ reclaim	
2. Amount	of hazardous v	vaste produced:				
a		<u> </u>	kg./i	no. (since 14	signot inclu	ilind
b	~ 10	9	kg.k	-mo (Cos)	00; wastes).	
3. Types o	f hazardous wa	aste produced by H	azardous Waste Num	ber:		MAITO
			, DOU,		RECEIV	E D
4. Are haz	ardous wastes	transported off-site	by the generator?	□ Yes ☑ No	RECT NOV 01 19	

Pennsylvenia Department of Environmental Resources Bureou of Weste Management

Exxon Cs, USA PAD 074999863 10/11/88

Hazardous Waste Inspection Report Generators — Part B

	1—No Violation Observed 2—Not Applicable 3—Not Determined 4—Non-Complian					
Status			_	REQUIREMENT	Citation	
_	2	3	4	Hazardous waste determination, copies available	75.262	
			4		(b)	
_				Identification number	(c)(1)	
				Hazardous waste shipments offered only to licensed transporters	(c)(4)	
	Di-			Authorization received from TSD facility for wastes shipped off-site	(d)	
				PA manifest used for intrastate shipments	(e)(2)	
	Ò			Disposer state manifest or EPA formet manifest used for out-of-state shipments	(e)(3)	
				Manifests filled out properly and completely	(e)(7)	
				Manifests routed properly and within time limits (7 days)	(e)(14) or (15	
		3		Proper U.S. will ahipping containers or packages	(f)(1)(i)	
		3		Snipping containers marked and labeled according to U.S. DOT	(f)(1)(ii)	
		3		Containers of 110 gal. or less marked with required PA label	(f)(1)(iii)	
1		3		Placards offered to transporter	(f)(2)	
		3		Wastes accumulated on-site for less than 90 days	(g)(1)(i)	
		3		Wastes stored in proper containers and properly marked and labeled	(g)(1)(ii)	
		3		Containers managed in accordance with 75.265(q)(1)—(9)	(g)(1)(iii)	
		3		Containers clearly marked with accumulation date and visible for inspection	(g)(1)(iv)	
				Records retained at designated location for 20 years	(h)	
				Quarterly reports submitted to the Department	(i)	
	2			Exception reporting procedures followed	(j)	
	2			Hazardous waste disposal plan, if required	(1)	
				Spill : eporting procedures followed	(m)(1)	
		3		Preparedness, Prevention and Contingency Plan and implemented	(m)(5)	
	2	-		Special requirements followed for international shipments	(0)	
		3		On the job or classroom personnel training program [75.265(f)]	(g)(1)(6)	
	2			Drum accumulation area inspected weekly as per 75.265(q)(5)	(g)(1)(iii)	
1		-				
+						
7						

Penasylvanic Department of Environmental Resources Bureau of Waste Management

Date of Inspection _	10/11/88		Identification Number	PADO	74499 863
Company, Installation	Name Exxo	n Co, L	154		
County	Heckeny		Municipality	PHSburg	4
2 contd"	Machine	when so	ent Capp-	simate	Ho plants
	orn H.	and i	· dumpe	ed 14/2	Ho plants
	oily we	stewate	trentment	t plum	+ This
	westernat-	- trentine	t plut a	envis.	sils from Hu
	plant's c	was townte	-, yent-	Lin, a	Florestant
	sold to	Speak	Write O	(C, Cs.	and a wife
					es under an
					Mrs Couls
	adrice)	The same	A CONTRACTOR	Jan To	he flash point
	for this	n-terrol	would	indicate	it should be
	monaged	45 00	101 huzar	des in	iste. Failure to
	inte an	acconte	hazando	is waste	determination
	for this on	ute.w/	, a viven	him of	23 P.P. Code
	79.262 (6)	Fuil	eto por	unky m	may and
	dispose of	f this o	interval a	s is hair	zurolous waste
	a wolf	in of A	ct 47,	the Rin	15 y/ rus 14 501.88
	Waste 10	- celmen	Bet of	1980.	
- (3) The g	sinatum s	inte for	Mis four	ity w.	Il indiante
	that it wa	y renot	K, the 10	ischnit	und EDA for
	total as a	5 my// 1	Dunt. Ly	energy	1 Brings Fr
	his propos	· 2 _ ill	he provise	by with	h this rejoint
	on report is official no		-	•	
inspection a	Bureau of Waste Ma re shown in this rep	ort. Any violati	ons which were u	incovered du	ring the inspection
	d. Violations may all I review of Departme				
tions indicate	ed herein and listing	g any additional	violations.	theoming, co	mining any viola
	Van	Day	2011		10/ 1001
Person Interviewed (sig	nature) A C A	Mark L	www	Date .	10/11/8
Inspector (signature)	4/2	N S		Date .	10/11/88
	_	/~	1		•

Pennsylvania Department of Environmental Resources Surces of Wasta Management

Date of Inspection $\frac{10/11/88}{}$ Identification Number $\frac{PADO7494863}{}$
Company, Installation Name Exxon Co USA
County - Filesten Municipality - Fitsburg 4
In the "Paguirement" Section of this improvious section was at 15th Line and 15th Line
In the "Requirement" Section of this inspection report, each listed inspection item
may provide only a brief version of its corresponding obligation as described
in the body of the regulations. Please use the Chapter citations listed on this
inspection report as a reference to obtain a detailed description of compliance
requirements.
(1) This facility is a manufacturer of laboration grease
and a transfer terminal / parkaging plant for
lubration oils Mr. Montgome, advises that
the only hazarlows write shipped off site for
Min facility is a single shipport of one 350/4
draw of ROUS lead contominated tank bottoms.
This shippart occurred 9/16/85 under Mantest
Descount Number PAB01337663. Ms violeting
onter.
2) Din this inspection Wer Murzolf advised this
insperte that a parts wishing anothere is over
for degrees in the Westernial Shop. The muchin
contains Varial 1 solvent, which Mis Cosch
adries has a flash point of 104°F. Ma Marsolt
astrices that this untered is removed from the
This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.
A 1 10/1/
Person Interviewed (signature)
Inspector (signature) Date 10/1/88

EXON COMPANY, U.S.A.

34TH AND A.V.R.R. • PITTSBURGH, PENNSYLVANIA 15201

REFINING DEPARTMENT PITTSBURGH SPECIALTY PLANT

G.L. BREEDY MANAGER

May 11, 1981

United States Environmental Protection Agency Region III 6th & Walnut Streets Philadelphia, Pennsylvania 19106

Facility Name:

Exxon Company, U.S.A., Pittsburgh Plant

EPA I. D. Number:

PAD 07 499 9863

Subject:

RCRA-EPA PART A OF HAZARDOUS WASTE PERMIT APPLICATION

Dear Sirs:

In reply to your letter of April 22, 1981, we have not submitted Part A of the Application for an EPA Hazardous Waste Permit because it has been determined that it is not required. We do not treat, store, or dispose of hazardous waste as defined in the RCRA Regulation.

We submitted the Notification as a generator as a precaution if it were determined that definitions of generation, treating, storing or disposal included anything in our operation. As a result of our further understanding of the definition of a generator and conservation and recycle steps instituted in our Plant, we do not generate more than 1,000 Kg. of hazardous waste per month and, therefore, qualify as a small generator and should be exempt from regulation as per 40CFR Part 261.5 (a).

Odete show

We would be glad to discuss this with you further if you wish.

GLB:ab

A DIVISION OF EXXON CORPORATION



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS PHILADELPHIA, PENNSYLVANIA 19106

April 22, 1981

Mr. Robert Albright
Exxon Company, U.S.A. Pittsburgh Plant
34th and A.V.R.R.
Pittsburgh, Penna. 15201

Re: Facility Name: Exon Company - U.S.A. Pittsburgh Plant EPA I. D. Number: PAD 07 499 9863

Dear Mr. Albright:

Region III of the Environmental Protection Agency (EPA) is currently reviewing the accuracy and completeness of information submitted under the Resource Conservation and Recovery Act (The Act) concerning hazardous waste management activity. EPA has received a Notification of Hazardous Waste Activity (EPA Form 8700-12) for the above facility which indicates that this facility treats, stores or disposes of hazardous waste.

To continue operating after November 19, 1980, all facilities which treat, store or dispose of hazardous waste must have submitted a Part A permit application (EPA Form 3510-1, 3) to EPA by that date. As of this date, EPA has not received a Part A permit application for this facility. If you have determined that this facility does not treat, store or dispose of hazardous waste, please send a letter to that effect within ten days of receipt of this letter. This request is being made pursuant to Section 3007 of the Act, 42 U.S.C. § 6927.

If you have any questions, please contact Joan Henry at the above address or call 215/597-8751.

Sincerely yours,

Shirley D. Bulkin

Chief, RCRA Administrative Support Section

Permit Enforcement Branch

Enforcement Division

1,	SEPA		ENVIRONMENTAL PROTECTION AGENCY FION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a particular to the second	oreprinted					
1	INSTALLA- TION'S EPA I.D. NO. I. NAME OF IN- STALLATION INSTALLA- TION III. MAILING ADDRESS LOCATION OF INSTAL- LATION	PLEA	label, affix it in the space at left. If a information on the label is incorrect, of through it and supply the correct in in the appropriate section below. If the complete and correct, leave Items I, I below blank. If you did not receive a plabel, complete all items. "Installation single site where hazardous waste is a treated, stored and/or disposed of, oporter's principal place of business. Place to the INSTRUCTIONS FOR FILING CATION before completing this for information requested herein is required (Section 3010 of the Resource Consent Recovery Act).	Iraw a line formation he label is II, and III preprinted " means a generated, or a translease refer is NOTIFI- prm. The ed by law					
Ę	FOR OFFICIAL	USE ONLY							
DETACH	<u> </u>		COMMENTS						
< [(
ť	INSTALLAT	ION'S EPA I.D. NUN	MBER APPROVED DATE RECEIVED U 580 0 28						
Ī	FPADOY	499986	3 11 800815						
	I. NAME OF INS	TALLATION	13 14 19 16 17 - 22						
T	EXXON	COMPAN	Y, U.S.A., PITTSBURGH PLANT						
3	10		67						
Ľ	II. INSTALLATI	ON MAILING AI	STREET OR P.O. BOX						
	<u> </u>	ST & A							
	3 3 4 T H	ST & A	45						
	<u> </u>	CIT	Y OR TOWN ST. ZIP CODE						
	4 PITTS	BURGH	PA15201						
		OF INSTALLATI							
L	<u> </u>	STRE	EET OR ROUTE NUMBER						
	5 S A M E		45						
	et 1 1 1 1 1 1	CITY	Y OR TOWN ST. ZIP CODE						
	6								
	15]16 IV. INSTALLAT	ION CONTACT	40 41 42 47 - 51						
		NAMEA	AND TITLE (last, first, & job title) PHONE NO. (area code & no.)						
ŀ	2 A L B R I	GHT, RO		_					
	15 16 V. OWNERSHIP		45 46 - 48 49 - 51 52 - 55						
<[A. NAME OF INSTALLATION'S LEGAL OWNER						
	8 E X X O N	c o . , u	J.S.A., (A DIV. OF EXXON CORP.)						
100	B. TYPE OF (enter the appropr	OWNERSHIP iate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)	>					
1	F = FEDERA	L M	A. GENERATION (complete item VII)	T)					
	M = NON-FE		X C. TREAT/STORE/DISPOSE □ D. UNDERGROUND INJECTION						
	VII. MODE OF T		ON (transporters only - enter "X" in the appropriate box(es))						
	GI A. AIR	B. RAIL	C. HIGHWAY 0. WATER 55 E. OTHER (specify):						
		SUBSEQUENT N							
			licate whether this is your installation's first notification of hazardous waste activity or a subsequent no er your Installation's EPA I.D. Number in the space provided below.	tification.					
	X A. FIRST	NOTIFICATION	B. SUBSEQUENT NOTIFICATION (complete item C)	1.D. NO.					
ŀ	X DESCRIPTION	N OF HAZARDO	OUS WASTES						
-	IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.								

IV DESCRIPTION OF THE	A DDOLLE WASTE	C /a the 1 f	Grand	4 1 1 2	- 13 14 15					
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front) A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.										
Treate from non-appearing symbols your mistandarion natures. Ose duditional silects if fiecessary.										
1	2	3	4	5	6					
F 0 0 1	4.040									
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
7	8	9	10	11	12					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	:23 - 26					
B HAZARDOUS WASTES ERO	B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from									
specific industrial sources you	r installation handles.	Use additional sheets	if necessary.	11 1 11 1 201,32 101 60611	nisted nazardous waste nom					
13	14	15	16	17	18					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
19	20	21	22	23	24					
	1 1 1 1									
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
25	26	27	28	29	30					
 	 1 1 	1	 	 	 					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
C. COMMERCIAL CHEMICAL	PRODUCT HAZARDO	OUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.3	3 for each chemical sub-					
stance your installation handl	es which may be a haz	ardous waste. Use ad	ditional sheets if necessa	ary.						
				· · · · · · · · · · · · · · · · · · ·						
31	32	33	34	35	36					
l ul ol ol 2l	U 0 1 2	บ	บ 0 3 7	U 0 4 4	U 1 4 0					
37	38	23 - 26	40	23 - 26	23 - 26					
37		39	 	41	42					
U 1 5 1	U 1 5 4	U 2 2 0	U 2 2 6	U 2 2 8	U 2 3 9					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
43	44	45	46	47	48					
7 0 0 0	110111			 	 					
P 0 2 2	U 2 1 1 1									
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
D. LISTED INFECTIOUS WAST hospitals, medical and research					e from hospitals, veterinary					
49	50	51	52	53	54					
 		 	 	 						
	1 1 1 1 1									
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26					
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)										
Π			П		TT					
1. IGNITABLE	12 (D002	. CORROSIVE	∭3. REAC (D003)		☑4. TOXIC (D000)					
4-2	(1002	· /	(2003)		120001					
X. CERTIFICATION										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
SIGNATURE		NAME & OFF	ICIAL TITLE (type or)	orint)	DATE SIGNED					
01 -1				,						
Tuy 7. 8	(illey)	PLANT M	ANAGER		8/13/80					
EPA Form 82/00-12 (6-80) REVERSE										